

**On approval of the Rules for payment of immediate compensation in case of death (fatality) of an employee of a special state body, disability or injury**

***Unofficial translation***

Decree of the Government of the Republic of Kazakhstan No. 1301 dated October 12, 2012. Title in the wording of the resolution of the Government of the Republic of Kazakhstan dated 25.11.2020 № 790 (shall enter into force upon expiry of ten calendar days after its first official publication).

      *Unofficial translation*

      Footnote. Title in the wording of the resolution of the Government of the Republic of Kazakhstan dated 25.11.2020 № 790 (shall enter into force upon expiry of ten calendar days after its first official publication).

      In accordance with Articles 77 and 80 of the Law of the Republic of Kazakhstan dated February 13, 2012 “On Special State Bodies of the Republic of Kazakhstan”, the Government of the Republic of Kazakhstan **HEREBY DECREES AS FOLLOWS**:

      1. .Approve the attached Rules for the payment of immediate compensation in case of the death (fatality) of an employee of a special state body, the establishment of disability or injury to him.

      Footnote. Paragraph 1 in the wording of the resolution of the Government of the Republic of Kazakhstan dated 25.11.2020 № 790 (shall enter into force upon expiry of ten calendar days after its first official publication).

      2. This decree shall come into force on February 25, 2012 and shall be subject to official publication.

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*Prime Minister of the Republic of Kazakhstan*
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*S. Akhmetov*
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|   | Approved by Decree of the Government of the Republic of Kazakhstan No. 1301 dated October 12, 2012  |

 **Rules for payment of one-time compensation in case of death (death) of an employee of a special state body, establishment of disability or injury**

      Footnote. Rules in the wording of the resolution of the Government of the Republic of Kazakhstan dated 25.11.2020 № 790 (shall enter into force upon expiry of ten calendar days after its first official publication).

 **Chapter 1. General provisions**

      1. These Rules for payment of immediate compensation in case of death (fatality) of an employee of a special state body, establishment of disability or injury (hereinafter referred to as the Rules) shall have been developed in accordance with Articles 77 and 80 of the Law of the Republic of Kazakhstan dated February 13, 2012 "On special state bodies of the Republic of Kazakhstan" (hereinafter referred to as the Law) and shall determine the procedure for payment of immediate compensation in case of death (fatality) of an employee of a special state body, establishment of disability or injury.

      2. Payment of immediate compensation (hereinafter referred to as the compensation) shall be made to an employee of a special state body (hereinafter referred to as the employee) or to a person entitled to receive it in the following cases:

      1) death (fatality) of an employee during his service in special state bodies (hereinafter referred to as the services) or after his dismissal from service due to injury (contusion), disease received during the service period;

      2) establishing a disability for an employee received during his performance of service or occurred as a result of contusion, injury, illness associated with the performance of service before the expiration of one year from the date of dismissal from service;

      3) receiving by an employee in the performance of duties of the service of light or severe injury (wounds, injuries, contusions), which did not entail disability.

      3. Compensation to an employee or a person entitled to receive it shall not be paid in cases stipulated by Article 77, paragraph 10 and Article 80, paragraph 5 of the Law.

 **Chapter 2. Procedure for payment of compensation in case of death (fatality) of an employee, establishment of disability or injury**

 **Paragraph 1. Procedure for submitting documents to obtain compensation in case of death (fatality) of an employee**

      4. In case of death (fatality) of an employee during the period of his service or after his dismissal from service due to injury (contusion), illness received during the period of service, personnel offices of institutions (subdivisions) of special state bodies at the place of residence of persons entitled to receive compensation shall notify the latter in writing within ten working days about the need to submit the following documents:

      1) applications for payment of compensation in accordance with Annex 1 to the Rules;

      2) copies of the death certificate with the submission of the original for reconciliation or a notarized copy;

      3) certificate of the right to inheritance issued in accordance with the procedure established by the legislation;

      4) copies of the identity document of the person entitled to compensation, with the submission of the original for reconciliation or a notarized copy.

      5. Personnel apparatuses of institutions (subdivisions) of special state bodies after the receipt of documents specified in paragraph 4 of these Rules shall request and draw up the following documents:

      1) a certificate on the amount of cash content of the deceased (dead) employee at the time of the event giving the right to receive compensation, indicating the period of performance of service in accordance with Annex 2 to these Rules, as well as an extract from the order of the authorized head to exclude the employee from the lists of personnel of the institution (subdivision);

      2) materials of internal investigation of the causes and circumstances of the death (fatality) of an employee;

      3) in relation to persons who died after dismissal from service, the conclusion (resolution) of the military medical examination commission confirming that the cause of death was injury (wound, injury, contusion) or a disease received during the performance of the service.

 **Paragraph 2. Procedure for submission of documents required to obtain the compensation in case of an employee's disability**

      6. If the employee is diagnosed with a disability received by him during the performance of the service:

      1) at the performance of the service the following shall be provided:

      application of the established form in accordance with Annex 1 to these Rules;

      a copy of the disability certificate;

      2) personnel of institutions (subdivisions) of special state bodies shall be drawn up:

      a copy of the conclusion (resolution) of the military medical examination commission confirming that contusion, injury, disease, as a result of which disability occurred, have been received during the performance of the service;

      a certificate of the amount of the employee's money at the time of the event entitling to compensation, indicating the performance of the service in accordance with Annex 2 to these Rules.

      7. If the employee is diagnosed with a disability resulting from contusion, injury, disease received during the performance of the service, before the expiration of one year from the date of dismissal from the service, the personnel apparatus of the institution (subdivision) of special state bodies shall collect the documents specified in paragraph 6 of these Rules, and also shall draw up an extract from the order of the authorized head to exclude the employee from the lists of personnel of the institution (subdivision).

 **Paragraph 3. Procedure for submission of documents required for payment of compensation in case an employee receives a minor or severe injury (wound, injury, contusion) not entailing disability**

      8. If an employee receives a minor or severe injury (wound, injury, contusion) during the performance of the service not entailing disability:

      1) an application shall be submitted according to the established form in accordance with Annex 1 to these Rules at the performance of service;

      2) the personnel apparatus of the institution (subdivision) of a special state body shall be drawn up and be assembled:

      a certificate of the amount of monetary content at the time of the event entitling to compensation, indicating the period of the performance of the service in accordance with Annex 2 to these Rules;

      certificate of the commission of the military medical examination on the severity (light or severe) of the injury (wound, injury, contusion) received in accordance with Annex 3 to these Rules;

      internal investigation materials confirming the fact of injury (wounds, injuries, contusion) during the performance of service duties.

 **Paragraph 4. Procedure for payment of compensation**

      9. The personnel staff of the institution (subdivision) of the special state body at the applicant's place of service within ten working days from the date of receipt of the application from the recipient of compensation with the attachment of the documents specified in paragraphs 4, 5, 6, 7 and 8 of these Rules, shall send them to the financial subdivision of the same institution for payment of compensation.

      10. According to the materials submitted by the personnel subdivision, the financial subdivision of the special state body shall, within ten working days, shall draw up, in accordance with the procedure established by the legislation, an application for introduction of amendments to individual financing plans for obligations and payments and shall send it to the financial subdivision of the special state body for consideration and introducing appropriate amendments to individual financing plans for obligations and payments of the institution.

      After the procedures for introducing amendments to individual financing plans for the obligations and payments of the institution, the financial subdivision of the institution of a special state body shall pay compensation to the recipient.

      11. A special state body (institution) shall, within two months from the date of receipt of documents for payment of compensation, shall pay it in cases and amounts stipulated by Articles 77 and 80 of the Law.

      12. A special state body (institution), in case of receipt of incomplete documents for the payment of compensation, shall make appropriate requests for missing documents.

      13. In cases stipulated by the Law, compensation for which shall not be paid, the structural subdivision of the special state body (institution) shall send the applicant a reasoned written notice of refusal to pay compensation within 5 (five) working days.

      14. Payment of compensation shall be made within the limits of the received money in the accounts of a special state body (institution).

      15. Compensation shall be transferred through the territorial subdivisions of the treasury to personal accounts or current accounts of recipients opened in second-tier banks at the place of residence.

      Payment of compensation and payment of bank services for their crediting shall be carried out at the expense of budget funds provided for these purposes in the republican budget.

      16. Payment of compensation to a minor recipient shall be made within one month from the date of receipt of documents by transferring it to the personal account of the recipient, opened in a second-tier bank at the place of residence, with simultaneous notification of this to the guardianship and guardianship authorities, as well as its legal representatives.

      17. After the compensation is transferred to the recipient in the register of applications for payment of compensation in the form, in accordance with Annex 4 to these Rules, an appropriate entry shall be made indicating the date, amount of compensation and the number of the payment document.

      18. Disputes arising from the payment of compensation shall be considered in accordance with the procedure established by the legislation of the Republic of Kazakhstan.

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|   | Annex 1to Rules for payment of immediate compensation in case of death (fatality)of the employee of the special state body,establishment of disability or receiving the injury |
|   | To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(head of the state authority,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            paying compensation)from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(full name (if any) of the applicant)residing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **Application for compensation**

      I hereby ask you to pay me the compensation in connection with

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (the nature of the event shall be indicated)

      Previously, \_\_\_\_\_\_\_\_ received compensation

      (yes, no)

      in connection with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (the nature of the event shall be indicated)

      I hereby ask you to transfer the compensation payment due:

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (region, district, city, address of residence of the recipient)

      Institution of the bank №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      № of the branch . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Personal account or current account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      In the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (Full name (if any)

      Recipient IIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      I hereby attach the following documents to the application:

      1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      "\_\_\_\_" \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (date) (month) (year) signature (full name (if any)

      Place for the seal

      Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      signature (full name (if any) \*

      \* signature shall be required in case of minor or severe injury (wounds, injuries,

      contusions), not entailing the employee's disability)

|  |  |
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|   | Annex 2to Rules for payment of immediate compensation in case of death ( fatality )of the employee of the special state body,establishment of disability or receiving the injury |

 **Certificate on the amount of employee’s payment at the time of the event**

      Issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (special title, surname, first name, patronymic (if any)

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      really performs the serves (performs the service)

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (name of the department and position held on the day of the event giving the right

      on

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      receipt of compensation payment)

      from \_\_\_\_\_\_\_ \_\_\_ "\_\_\_", 20\_\_ to \_\_\_\_ \_\_"\_\_\_" 20\_

      (date) (date)

      Monetary content on \_\_\_\_\_\_\_\_\_\_ "\_\_\_\_",\_\_\_\_ 20

      (date of the event entitling to immediate compensation)

      consist of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

      (the amount in words)

      including

      official salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      salary for a special title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Reason for dismissal (if dismissed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Certificate issued for the purpose of compensation in case of death ( fatality ), establishment

      of disability, injury by an employee.

      Place for the seal

      Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (signature) (full name (if any)

      Head of financial services (accountant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (signature) (full name (if any)

|  |  |
| --- | --- |
|   | Annex 3to Rules for payment of immediate compensation in case of death ( fatality )of the employee of the special state body,establishment of disability or receiving the injury |

 **Certificate of the commission of military medical examination on the severity**
**(minor or severe) of the injury received (wounds, injuries, contusions)**

      Issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (special title, surname, first name, patronymic (if any)

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      in the fact that he really is in the performance of the duties of the service

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (indicate the circumstances of the injury)

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ got the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (day, month, year) (minor or severe indicated in words) wound,

      contusion, wound or injury \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (delete unnecessary) (specify the nature and location

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

      injuries, contusions, wounds or injuries)

      in connection with the \_\_\_\_ "\_\_\_", 20 \_\_\_\_.\_\_\_ "\_\_\_", 20 \_\_\_\_

      was being treated in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (the name of the military medical institution shall be indicated)

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Certificate issued for compensation in case of injury of the employee.

      Place for the seal

      Chairman of the commission of military medical expertise \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      signature (full name (if any)

|  |  |
| --- | --- |
|   | Annex 4to Rules for payment of immediate compensation in case of death ( fatality )of the employee of the special state body,establishment of disability or receiving the injury |

 **Register journal for applications to payment of compensations**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|
№
r/n |
Special title |
Full name (if any) of the deceased (dead) who received disability, injury (wound, injury, contusion) of the employee |
Full name (if any) of the heir to the deceased (dead) of the employee |
№
of the date of entry |
Where the material came from |
Cause of damages (death, disability, injury) |
Amount of compensation |
№ and the date of the payment order |
|
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